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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

the second second second	ACCIDENT STATEMENT
Date Of Report	30/12/2019 14:33
Date Of Accident	27/12/2019 11:35
Exact Location Of Accident	CTE TWDS CITY B4 BRADDELL RD
Country/State of Loss	SINGAPORE
the section of the section of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM851Z
Insured/Policyholder	
Name Of Registered Owner	NIEW CHOR HUAY WENDE
NRIC No	SXXXX196B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90481314
Alternative Phone No	OFFICE-90481314
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE, LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00018396
Cover Note Number	
Driver	
Name of Driver	JELVONN TAN
NRIC No	SXXXX406F
Date Of Birth	15/07/1993
Occupation	OUTDOOR
Date Of Driving Pass	14/07/2012
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94758348
Fax Number	
27 O C C C C C C C C C C C C C C C C C C	

NOEMAIL

Address BLK 335 AMK AVE 1 #09-2003

Postcode 560335

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

3

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: SIM HUI TING

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)

YES

ROAD: 51 ANG MO KIO AVENUE 9, POSTCODE: 569929, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2180000 - FAX NO: 64814246

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT F/20191227/7025

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKB1836H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Page 2 of 19

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLK5834H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name JELVONN TAN

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SJM851Z
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name SIM HUI TING

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance? Address Postcode

SKETCH PLAN

VEHICLE NO .: STM &51 Z

INSURER : FW

DATE & TIME: 27/12/2019 1/35900

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of ;
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (II) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (Iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted
 to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

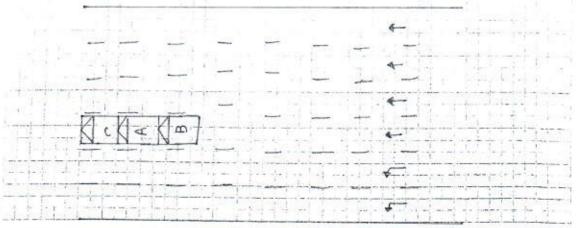
NRIC/FIN No ::

vehicle A = SJM851Z

Vehicle B = SKB 1836H

Vehicle C = SLK 5834C

(TE TWOS CITY before Braddell Rd



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

along	the	stated	ocation. Suddenly, Vehic	le c (Jrk 58	34() Jam bro	ike thus
[fo	llowed	l Suit	nd managed to Sto	p in time. E	but Vehicle	- B
(?k	61836	H)	ollided onto the rear	portion of w	y vehicle cau	uing
me	to	Surge	forward and col	lide onto U	ehicle C.	
					-	

Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/We declace the foregoing particulars are true in every respect.

() Claim Own Policy

Policyholdek's Signature Date & Time:

Orlver's Signature

(If driver is not the policyholder) Date & Time:

() Claim Third Party () Reporting Only

NRIC/FIN No :

() Claim OD/TP at other workshop (_

Reporting Centre Personnel's Signature Name:





191227/7025

1 of 3

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No:1800-2180000 Report No. F/20191227/7025

Vide Re	port No.		Station Diary No.
*			
Address			
APT BLK 335 ANG MO KIO AVENUE 1 #09-200			1 #09-2003
Contact No. Home/Office: Mobile:			
Email Address			
Sex	Age	Date of Birth	Race
Male	26	15/07/1993	Chinese
Language			
	Of Inciden	t	
CENTRA	AL EXPRES	SSWAY	
	Address APT BLI SINGAF Contact Home/C Email Address Jelvonni Sex Male Languag English Location	SINGAPORE 5603: Contact No. Home/Office: Email Address Jelvonntan@gmail. Sex Age Male 26 Language English Location Of Inciden	Address APT BLK 335 ANG MO KIO AVENUE SINGAPORE 560335 Contact No. Home/Office: Mobile: 94758348 Email Address Jelvonntan@gmail.com Sex Age Date of Birth Male 26 15/07/1993 Language

Brief details.

On 27 December 2019 at around 1135hrs, I was driving my vehicle (SJM851Z), Honda Stream, towards the PIE (Changi) exit heading for Pan Pacific Hotel. All of a sudden, the car ahead of us (SLK8534C) came to a sudden and immediate halt. This resulted in me having to brake immediately. The next thing I know, the car behind us (SKB1836H) then collided into the rear of my vehicle. Thus, this caused my vehicle to propel forward and collide into the rear of SLK8534H. Upon collision, I immediately checked with my girlfriend who was the front passenger if she sustained any injuries. Once I confirmed that she was responsive and conscious, I alighted the vehicle to assess the damage caused and took

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2019 14:17
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20191227/7025

photographic evidence. However, the first vehicle (SLK8534C) had already driven to the road shoulder.

I would like to state that my vehicle (SJMM851Z) had come to a complete stop before the collision. My girlfriend and I have visited the doctor immediately after the accident and have been given 3 days medical leave each.

Subjects Involve	d	the state of the state of	
Victim			ESCHOOL SERVICE SERVIC
Person Name	JELVONN TAN		
ID Type	NRIC NO	ID No	S9325406F
Gender	Male	Age	26
Race	Chinese	Language	English
Occupation	SAF REGULAR	Address Type	
Address	APT BLK 335 ANG MO KIO AVENUE 1 #09-2003 SINGAPORE 560335	Mobile No	94758348
Is Informant A Victim?	Yes		
Person Name	Sim Hui Ting		
ID Type	NRIC NO	ID No	S9536504C
Gender	Female	Age	24
Race	Chinese	Language	English
Occupation	Exhibition/Conference/Event planner	Address	48 Circuit Road #07-733 SINGAPORE 370048

Signature Of Officer Recording The Report:	Signature Of Informant:	
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2019 14:17	
Officer In-Charge Of Case:	Classification Of Case:	
Authentication Stamp		





3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20191227/7025

Home/Office No	68425547	Mobile No	92961121
Relation To	Girlfriend		
Informant			
Person Name	JELVONN TAN (Informant)		

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2019 14:17
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Date of Accident	: 27/12/2019 Accident Time: 1135 hrs (24-HR-FORMAT)
Accident Place	CTE TWOS CITY BEFORE Braddell Rd
Vehicle Reg. No (Car plate No.)	: SJM 851Z Vehicle Make/Model: Handa Fream
Insurance Company	- FWD Policy No. PNPV 2019 - 000 18396
Name of Registered Owner	: Company (Individual Niew Chur Huay Wende
ID of Registered Owner	: Co Reg No: Owner's NRIC No: Sico 196 B
	: Co Contact No: Owner's Contact No: 904d 1314
DRIVER'S Name	Jelvonn Tan DRIVER'S NRIC No: 59325406F
DRIVER'S Date of Birth	15/07/1493 DRIVER'S License Pass Date 14/67/2012
Relationship bet, Owner & Driver	: Spouse Parents \Children\ Sibling \ Employee\ Others:
DRIVER'S Address	BIK 335 Ang mo kio Avenue 1 4 09-2003 Singapore 5 60335
DRIVER'S Contact No./ Alt No.	1) 9475 8348 2)
DRIVER'S Occupation	: INDOOR (outDOOR (eg. working inside or outside of an ofc)
Email Address	Jelvonntan @ gmail. Com
Weather & Road Surface	CEAR & DRY RAINING & WET LAFTER RAIN & WET
Reporting Type	Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (including Dri Was the accident reported to the polic Was there any video Captured by car	very 02 Passance No. Co. Hull Tor
	being used at the time of accident: Private use \ Work purpose
Oth	ner Party Driver's Particulars (if any)
Vehicle Reg No SKB 1836 H	Vehicle Reg No. SIK 5834 C
Vehicle Make Model:	
Name DRIVER.	Name DRIVER:
IC No. DRIVER	IC No. DRIVER:
DRIVER'S Contact & add	DRIVER'S Contact & add
	Party Driver's Particulars (if any)
Vehicle Reg No:	
Vehicle Make Model	Vehicle Make Model:
Name DRIVER	Name DRIVER
IC No. DRIVER.	IC No. DRIVER
DRIVER'S Contact & add	DRIVER'S Contact & add:





Report No. G/20190821/2110

POLICE REPORT (NP322)

Police Station Of Origin Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Date/Time Report Made 21/08/2019 17:13	Vide Report No.			Station Diary No.	
Name Of Informant JELVONN TAN	Address APT BLK 335 ANG MO KIO AVENUE 1 #09-2003 SINGAPORE 560335			1 #09-2003	
ID Type / ID No. NRIC NO / S9325406F	Contact No. Home/Office Mobile 94758348				
Nationality SINGAPORE CITIZEN	Email Address				
Occupation SAF REGULAR	Sex Male	Age 26	Date of Birth 15/07/1993	Race Chinese	
Institution/School Name	Language English				
Date/Time Of Incident 21/07/2019 10:00	Location Of Incident 335 ANG MO KIO AVENUE 1 TECK GHEE VIEW SINGAPORE 560335			GHEE VIEW	

Brief details.

Property Information

On the above-mentioned date, time and location, I discovered the below-mentioned item missing. A search was made but to no avail.

Signature Of Officer Recording The Report: G / Sr Staff Sgt NURUL HUDA BINTE HASHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/08/2019 17:13
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp IBNU QAYYIM BIN NAWAWI Contact No.: 62440000	Classification Of Case:

CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2019-00018396 (Comprehensive - Classic Plan)

Car plate number: SJM851Z

Your name (As the policyholder): Niew Chor Huay Wende

Coverage start date: 19/12/2019 Coverage end date: 18/12/2020

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

Finance company: Tokyo Century Leasing (Singapore) Pte Ltd

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 13/12/2019

Shitis

Abhishek Bhatia

Chief Executive Officer FWD Singapore Pte Ltd Please immediately inform us at +65-6820-8888 or email us at contact.sg@fwd.com if any details in this Certificate of Insurance need to be changed.